



| Return Receipt Article Number | | COMPLETE THIS SECTION ON DELIVERY | |
|---|--|--|--|
|  9590 9266 9904 2980 0781 90 | | A. Signature X  | <input type="checkbox"/> Agent <input type="checkbox"/> Addressee |
| 2. Certified Mail® Article Number 9414 7266 9904 2980 0781 97 | | B. Received by (Printed Name) | C. Date of Delivery 8-1-21 |
| 3. Service Type: CERTIFIED MAIL | | D. Is delivery address different from item 1? If YES, enter delivery address below: | |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1. Article Addressed to: | | | |
| <div>STARR INDEMNITY & LIABILITY COMPANY 500 W. Monroe Street, 31st Floor Chicago, IL 60661</div> | | | |
| PS Form 3811, Facsimile, July 2015 | | Domestic Return Receipt | |